

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 595842

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7		6				
8		6				
9		6				
10		6				
11		6				
12		6				
13		6				
14		6				
15		6				
16		6				
17		6				
18		6				
19		6				
20		6				
21	1					
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49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	25	←		←		←
TOTAL CLAIMS	27					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						